ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _155_

Registered No. _273_

1. PLACE OF BIRTH

County _Gila_

District or Township _____

City _Miami_　No. _____

State _Arizona_

or Village _____

St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Ortencia Romero_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Female_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _yes_

7. Date of birth _Sept. 23, 1925_
Month　Day　Year

8. FATHER

Full name _Bacillo Romero_

9. Residence (Usual place of abode) _Miami,_
If non-resident, give place and state. _Arizona_

10. Color or race _Mex._

11. Age at last birthday _32_ (Years)

12. Birthplace (city or place) _Jalisco,_
(State or country) _Mex._

13. Occupation
Nature of industry _Smelterman_

14. MOTHER

Full maiden name _Ester Fernandez_

15. Residence (Usual place of abode) _Miami,_
If non-resident, give place and state. _Arizona_

16. Color or race _Mex._

17. Age at last birthday _25_ (Years)

18. Birthplace (city or place) _Zacetecas_
(State or country) _Mex._

19. Occupation
Nature of industry _Housewife_

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _4_
(b) Born alive but now dead _2_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born_ at _10-0_ _30_ m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _Cyril M. Cron M.D._
Physician
(Physician or midwife).

Given name added from a supplemental report _____

_696-923-569_
Month, day, year
Registrar

Address _Miami, Arizona._

Filed _Oct 1_, 19_51_ _C. E. Fain_
Registrar